

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	34	↓	↓	↓		
TOTAL CLAIMS	40					

*	IND.	DEP.	*	IND.	DEP.	*
51			52			53
54			55			56
57			58			59
60			61			62
63			64			65
66			67			68
69			70			71
72			73			74
75			76			77
78			79			80
81			82			83
84			85			86
87			88			89
90			91			92
93			94			95
96			97			98
99			100			
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			↓	↓	↓	
TOTAL CLAIMS						